



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-39

ADJUSTER: Mario Castro

Determination Date: 03/10/2021

RFA Received Date: 03/08/2021

Provider: Babak Jamasbi, MD

Pre-cert #: 139249073-UMO-39

Pharmacy:
myMatrixx as Express Scripts Co.
o Phone: 866-672-2482
o Email: WCMPPAFolder@express-
scripts.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 3/10/21 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine 5% ointment	#60	1	No				
Certified	Lidocaine 5% ointment (dispense generic)	#60	1	No	3/10/21	5/10/21		
Requested	Voltaren Gel 1%	#100g	1	No				
Certified	Voltaren Gel 1% (dispense generic)	#100g	1	No	3/10/21	5/10/21		
Requested	Flector 1.3% Patch	#30	1	No				
Certified	Flector 1.3% Patch (dispense generic)	#30	1	No	3/10/21	5/10/21		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.



Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Linda Dinerman, RN
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On March 10, 2021, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Babak J Jamasbi, MD
Fax: (510) 647-5105

formulary_support@corvel.com
Email: formulary_support@corvel.com

Linda.Dinerman@chubb.com
Email: Linda.Dinerman@chubb.com

wcmppafolder@express-scripts.com
Email: wcmppafolder@express-scripts.com

Executed on March 10, 2021, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in cursive script, appearing to read "Linda A. Grant", written over a horizontal line.

Signature

File: 139249073 Shockley



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On March 10, 2021, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Babak J Jamasbi, MD
1335 Stanford Ave.
Emeryville
CA
94608

Colantoni, Collins, Marren, Phillips and Tulk:
Colantoni, Coll Marren, Phillips and
201 Spear Street #1100
San Francisco
CA
94105

Farber & Co: Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

Executed on March 10, 2021 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink that reads 'Becca Guimont'.

Signature

File: 040519008736, Shockley Jonathan